

EXHIBIT 1

ARIZONA DEPARTMENT OF
CORRECTIONS

SOLICITATION NO. ADOC12-00001105

Arizona Department of Corrections
Health Services Licenses/Approvals Held

Arizona State Prison Complex	National Commission on Correctional Health Care (NCCCHC) Certification	Radiology Equipment Certification	National Health Services Corps (NHSC) Approved Positions	Arizona State Board of Pharmacy	Controlled Substance Registration (CSR)	Clinical Laboratory Improvement Program (CLIA)	Behavioral Health License
ASPC-Douglas	Issued 6/09 Expires 1/12	Certificate #: 2-D-4452: Issued 1/1/09 Expires 11/31/17 Certificate #: 2-M-4451: Issued 1/1/09 Expires 11/31/17	Medical, Dental & Mental Health			Certificate Issued: 8/13/09 Expires: 8/12/13	
ASPC-Eyman	NA	Certificate #11M-524 Issued 4/23/2009 Expires 4/30/2019 Certificate #11-M-5509 Issued 4/30/2009 Expires 4/30/2019 Certificate #11-M-5039 Issued 4/28/2009 Expires 4/30/2019 Certificate #11-M-5508 Issued 4/28/2009 Expires 4/30/2019	Medical & Mental Health	License #: Y002316 Issued 10/28/08 Expires 10/31/11	Certificate #: BA2671572 Issued 6/19/09 Expires 6/30/12	Certificate Issued: 8/13/09 Expires: 8/12/13	
ASPC-Florence	Issued 3/10 Expires: Continued certification with verification		Medical & Mental Health			Certificate Issued: 8/13/09 Expires: 8/12/13	

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ASPC-Lewis	Issued 7/10 Expires 7/13	Certificate #: 7-D-6488: Issued 5/27/09 Expires 4/30/19 7-M-6512 Issued 4/30/09 Expires 7/31/12	Medical & Mental Health	License #: Y002993 Issued 10/14/07 Expires 10/31/11	Certificate #: BA6086020 Issued 5/17/10 Expires 6/30/13	Certificate Issued: 8/13/09 Expires: 8/12/13	
ASPC-Perryville	Issued 7/09 Expires 2/12	Certificate #: 7-D 3095: Issued 7/15/11 Expires 6/30/21 Certificate #: 7-M-5566 Issued 4/30/09 Expires 7/30/12	Mental Health	License #: Y001419 Issued 10/2/07 Expires 10/31/11	Certificate #: AA2052001 Issued 5/9/08 Expires 6/30/11	Certificate Issued: 8/13/09 Expires: 8/12/13	
ASPC-Phoenix	Issued 7/09 Expires 2/12	Certificate #: 7-M- 4052: Issued 2/28/06 Expires 2/28/16	Dental & Mental Health	License #: Y001279 Issued 10/22/07 Expires 10/31/11	Certificate #: AA2983066 Issued 5/26/09 Expires 6/30/12	Certificate Issued: 8/13/09 Expires: 8/12/13	Behavioral Treatment License#: BH-174 Issued: 12/1/10 Expires: 11/30/11
ASPC-Safford/Ft. Grant	Issued 7/09 Expires 2/12	Certificate #: 5-D-6517: Issued 2/28/09 Expires 2/28/19 Certificate #: 5-D-3926: Issued 8/18/08 Expires 8/31/18	Medical, Dental & Mental Health			Certificate Issued: 8/13/09 Expires: 8/12/13	
ASPC-Tucson	Issued 2/09 Expires 6/12	Certificate #: 10-D- 4156: Issued 4/7/03 Expires 4/30/13 Certificate #: 10-M- 2228 Issued 4/18/05 Expires 4/30/15	Medical	License #: Y001508 Issued 10/28/08 Expires 10/31/11	Certificate #: AA1942007 Issued 5/20/09 Expires 6/30/12	Certificate Issued: 8/13/09 Expires: 8/12/13	

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ASPC-Winslow/ Apache	Issued 7/09 Expires 2/12	Certificate #: 9-M- 4910: Issued 1/20/06 Expires 1/31/16	Medical, Dental & Mental Health			Certificate Issued: 8/13/09 Expires: 8/12/13	
ASPC- Yuma	Issued 3/10 Expires 10/13	Certificate #: 14-D- 5885 Issued 1/1/08 Expires 9-30-20 Certificate #: 14-M- 6155 Issued 1/1/08 Expires 9-30-20	Medical, Dental & Mental Health			Certificate Issued: 8/13/09 Expires: 8/12/13	

Licenses/Certificates: Issuing Entity Information

1. NCCHC: National Commission on Correctional Health Care

1145 West Diversey Parkway, Chicago, IL 60614
(773) 880-1460

The Commission maintains standards for the provision of medical, dental and mental health services in jails and prisons and issues certificates to those facilities found to be in compliance.

2. Radiology Equipment Certification

Arizona Radiation Regulatory Agency
4814 South 40th Street, Phoenix, AZ 85040
(602) 255-4845

Inspection of all x-ray machines in use by the Department is done by this state agency. If equipment is in compliance with federal and state standards, a certificate allowing operation is issued.

3. NHSC: National Health Services Corps

U.S. Department of Health and Human Services
Health Resources and Services Administration
National Health Services Corps
5600 Fisher Lane, Rockville, MD 20857
(800) 221-9393

The National Health Services Corps, a federal agency, reviews and approves eligibility of prison locations to employee professional staff (medical, dental and mental health) who may qualify for educational loan reimbursement if their specified profession is under-represented in a geographic location.

4. Arizona State Board of Pharmacy

1700 West Washington Street, Suite 250, Phoenix, AZ 85007
(602) 771-2727

This state agency issues licenses to operate pharmacies located at Eyman, Lewis, Perryville, Phoenix and Tucson.

5. CSR: Controlled Substance Registration

U.S. Department of Justice
Drug Enforcement Agency
8701 Morrisette Drive, Springfield, VA 22152
(602) 664-5600 – Phoenix Division

This federal agency authorizes the storage and dispensing of controlled and narcotic drugs by licensed pharmacies through issuance of a Controlled Substance Registration Certificate.

6. CLIA: Clinical Laboratory Improvement Amendments Program

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
Clinical Laboratory Improvements Amendments Program
250 North 17th Avenue, Phoenix, AZ 85007
(602) 364-0741

This federal agency issues a certificate for very limited laboratory procedures conducted on-site at all prisons.

7. Behavioral Health License

Arizona Department of Health Services
Licensing Division
150 North 18th Street, Suite 419, Phoenix, AZ 85007
(602) 364-2595

This state agency issues the Behavioral Health Treatment license to the mental health program located at ASPC-Phoenix.

EXHIBIT 2: REQUIRED REPORTING

Name	Description Reports shall be submitted in a format approved by the Department.	Frequency Reporting Period	Due Date Monthly due date is for the month following the reporting period.	Report Type Separate report required for each Arizona State Prison Complex Or One report required for Statewide Operations
Chronic Condition/DM Program Report	Number identified and enrolled in CC/DM by condition/disease; number seen for assessment, number seen for coaching/education,	Quarterly Jan.-March April-June July- Sept. Oct.- Dec.	Quarterly April 15 July 15 Oct. 15 Jan. 15	Statewide
Health Needs Requests (HNR) Appointment Report	Report on appointments resulting from inmate HNRs submitted.	Monthly	5th of Month	Complex
Hepatitis C Report	Number of inmates with Hepatitis C in treatment. Number of inmates with Hepatitis C - end of treatment responses. E.g. number of inmates completing treatment who have cleared the disease	Monthly	5th of Month	State
Hospitalization Statistics Report	Hospitalization information including, number of admissions, length of stay; to include levels of care, i.e. ICU, surgery, routine, maternity, psychiatric, etc.	Monthly	5th of Month	Statewide
Infectious Disease Report	Number of inmates with Infectious diseases, including AIDS, Cylamydia, Gonnarhea, HIV, Hepatitis A, B, C, Positive PPD, Syphillis	Quarterly Jan.-March April-June July- Sept. Oct.- Dec.	Quarterly April 15 July 15 Oct. 15 Jan. 15	Statewide

EXHIBIT 2: REQUIRED REPORTING

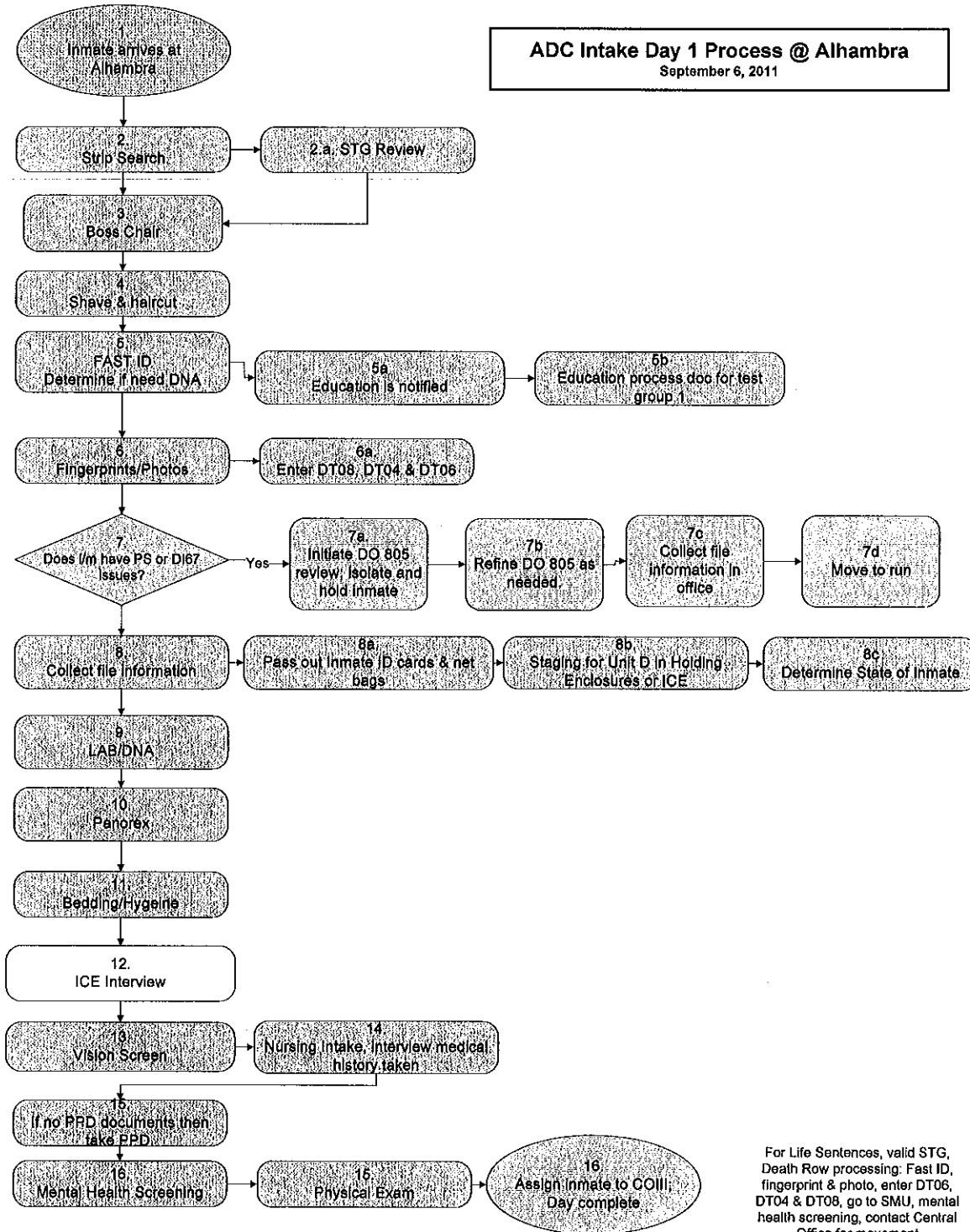
Name	Description Reports shall be submitted in a format approved by the Department.	Frequency Reporting Period	Due Date Monthly due date is for the month following the reporting period	Report Type Separate report required for each Arizona State Prison Complex Or One report required for Statewide Operations
Inmate Formal Grievances Report	Number of inmate formal grievances by category	Monthly	5th of Month	Complex
Inmate Wait Times Report	Report on the wait times for inmates at each Unit to be seen by medical, nursing, dental, and mental health	Monthly	5th of Month	Complex
Intake Report	Number of inmates screened and assessed with timeliness tracking and disposition	Monthly	5th of Month	Statewide
Lawsuit Status	Lawsuit reporting/ notification	Per Incident	Within 24 hours of receipt	Statewide
Medical Transports Complex Report	Report of all emergency transports off-site for each Arizona State Prison Complex	Monthly	5th of Month	Complex
Medical Transports Statewide Report	Report of all routine, pre-scheduled, and emergency transports off-site	Monthly	5th of Month	Statewide

EXHIBIT 2: REQUIRED REPORTING

Name	Description Reports shall be submitted in a format approved by the Department	Frequency Reporting Period	Due Date Monthly due date is for the month following the reporting period	Report Type Separate report required for each Arizona State Prison Complex Or One report required for Statewide Operations
Mortality Review Reports	Mortality Review Case Abstract and Cover Sheet If the incident resulted in initiation of the Incident Management System, a Health Services IMS Critique Form shall be completed with the Mortality Review – Case Abstract and Cover Sheet form.	Per Incident	Per Department Order 1105.03	Complex
Network Providers Report	List of all contracted network providers and facilities, type of services provided, proximity to ADC facility(s) served, date of last credentialing, number of services provided during reporting period.	Quarterly Jan.-March April-June July- Sept. Oct.- Dec.	Quarterly April 15 July 15 Oct. 15 Jan. 15	Statewide
Professional Licensing Board Notifications	Notification of Professional Licensing Board violations	Per incident	On same day as occurrence	Statewide
Staffing Report	Complex correctional health services staffing patterns and vacancy rate	Monthly	5th of Month	Complex
Utilization Review Report (including denial and appeal log)	Number of UR reviews by type (e.g. admit, concurrent, retrospective) by level of care; denial log; and appeal log	Quarterly Jan.-March April-June July- Sept. Oct.- Dec.	Quarterly April 15 July 15 Oct. 15 Jan. 15	Statewide

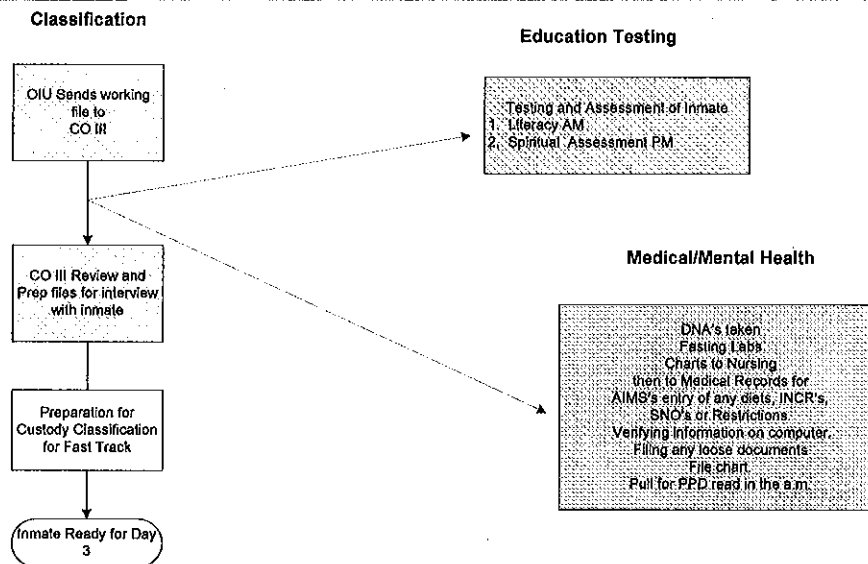
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Name	Description Reports shall be submitted in a format approved by the Department	Frequency Reporting Period	Due Date Monthly due date is for the month following the reporting period	Report Type Separate report required for each Arizona State Prison Complex Or One report required for Statewide Operations
Update of Procedures Manuals and Protocols	This report is the Contractor's mechanism to inform the Department of changes to policy	Per Incident	Within 24 hours of occurrence	Statewide
Annual Audited Corporation Financial Statements	Two copies of Financial Statements prepared and audited by an independent, licensed CPA according to generally accepted accounting principles (GAAP). Financial Statements shall include a balance sheet, income statement, cash flow statement, and accompanying accountant's notes.	Annual	120 calendar days after the Contractor's fiscal year end.	N/A
Quarterly and Annual Financial Statements specific to the revenue and expenses of this Contract	Two copies of Financial Statements (in a format determined by the Department) and including but not limited to an income statement.	Quarterly and Annually	Due dates will be determined by the Department prior to Contract start date and may be revised and/or amended by the Department as needed.	Statewide
Ad Hoc Reports	Information pertaining to contract compliance or other reports or information that may be required to respond to grievances, inquiries, complaints and other questions raised by inmates or other parties.	Per Request	Within 72 hours of receipt of request	Statewide



Intake of Inmates arriving at Alhambra
Day Two

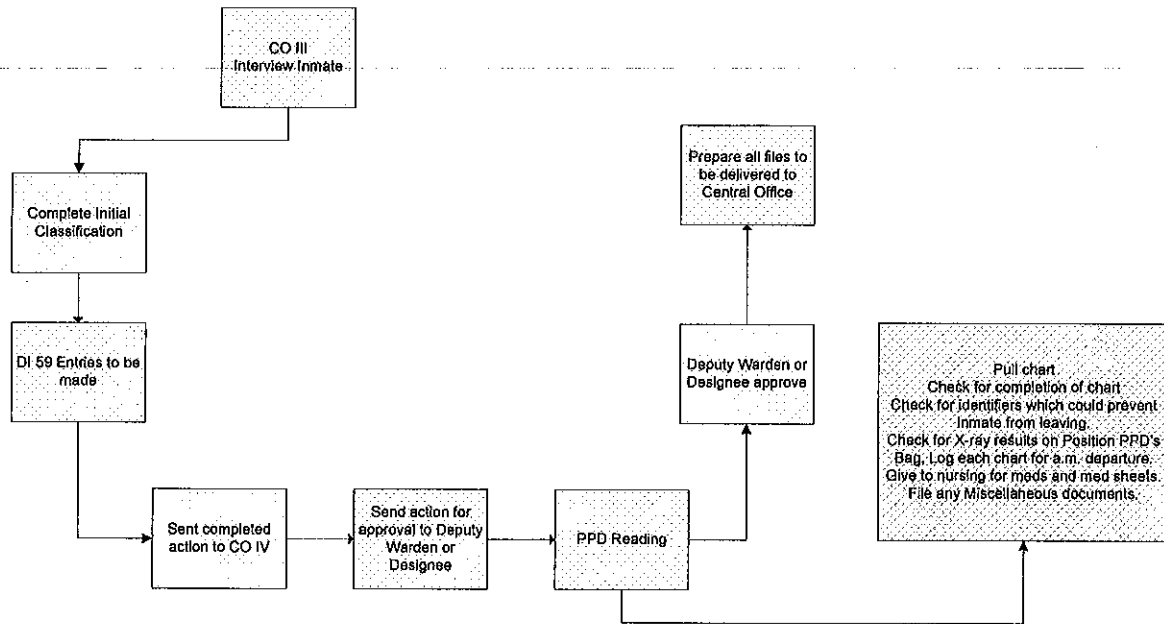
September 6, 2011



VisioDocument

Intake of Inmates arriving at
Alhambra
Day Three

September 6, 2011

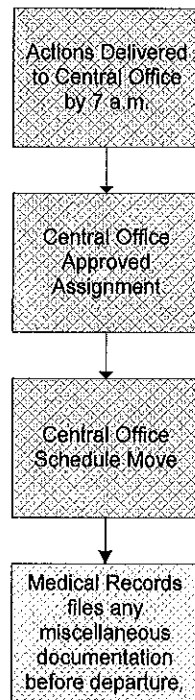


Day 3 move fast track inmates (Transfer out)

Day 5 move regular inmates (Transfer out)

**Intake of Inmates arriving at
Alhambra
Day Four**

July 25, 2011



ADC Intake Processes and Procedures for Alhambra/Adult Female

- Receiving screening takes place immediately upon arrival for all inmates.
- Intakes who present with possibly life-threatening conditions are immediately referred for care. After normal business hours, the nurse shall contact the provider on the Urgent Notification List for orders.
- Nursing process (must be completed within 12 hours of arrival):
- I/M are stripped out by security, at which time nurse checks for head/body lice
 - Medical forms are presented and explained to the I/M; urine specimens are collected for pregnancy testing
 - Intake packets are prepared from transfer summary sheets from transferring counties
 - I/M is interviewed by nursing - medical history questionnaire, TB symptomology, nursing physical exam, Notice of Right to Request Limitation of Extraordinary Life Support, AHCCCS forms & Hep C/HIV screening forms
 - a PPD skin test is administered if none documented on transfer summary/parole violator; to be read 48 to 72 hours after administration
 - hand out KOP medication as ordered by the provider, UD/WS medication transferred to R & A medical unit
 - Pregnant I/M have additional pregnancy paperwork to complete
- After the nursing interview the I/M presents to the provider –
 - a physical exam including PAP/GC probe must be done by day 7 of the inmate's arrival, including routine labs & others as appropriate
 - enter a medical score
 - submit prescriptions to pharmacy - delivered by nursing after Pharmacy completes
- Dental screening to be done on date of arrival
- Mental Health screening to be done on date of arrival
- Routine/ordered labs are to be done by the day after arrival

ADC Intake Processes and Procedures for Alhambra/Adult Male

Security – Initial Processes

- Identification of Inmate – Fingerprinting, Fast ID and Mug Photo
- Strip Search
- STG Review
- Body Orifice Security Scanner (BOSS) Chair procedures
- Property/Mail Waiver/ Money Receipt
- Protective Segregation Screening (if required)
- Information Report Requirement for Parole Violators
- Orientation

Medical/Mental health Exams/Procedures for all Inmates at Intake

- Collect routine labs (DNA)
- Right to request Limitation of Extraordinary Life Support Measure Form
- Transfer summary/Continuity of Care form
- Medical History
- Urinalysis
- Vitals taken (Blood Pressure, Pulse, Respiration)
- Snellen Eye Test
- PPD test read between 48 and 72 hours after submission
- May continue transitional medications from county
- Complete physical exams
- Mental Health Screening
- Complete Parorex dental x-ray

Education Tests upon Arrival at ADC

- TABE (Test of Adult Basic Education)
- Spiritual Assessment

Initial Classification

- Assigned Custody level
- Needs assessments for Work – Vocational (Based on Presentence Report)
- Sex Offense Score (Doe inmate need to go to Sex Offender Unit)

EXHIBIT 4: MONETARY SANCTIONS

<p><u>Non-Compliance</u> Contract Performance Audit (Refer to RFP Scope of Work Subsection 2.20.2 for detail) and Other Contract Requirements</p>	<p><u>Cure Notice Monetary Sanctions</u> assessed for each day the Contractor has not complied with the cure notice requirements</p> <p>Formula: Total Inmate Population on the due date of each applicable Arizona State Prison Complex x Capitation Rate x ____% = Monetary Sanction</p>
Intake: Performance Outcome 1	5%
Intake: Performance Outcome 2	5%
Sick Call: Performance Outcome 1	5%
Sick Call: Performance Outcome 2	5%
Sick Call: Performance Outcome 3	5%
Sick Call: Performance Outcome 4	5%
Sick Call: Performance Outcome 5	5%
Medical Specialty Consultations: Performance Outcome 1	5%
Medical Specialty Consultations: Performance Outcome 2	5%
Medical Specialty Consultations: Performance Outcome 3	5%
Medical Specialty Consultations: Performance Outcome 4	5%
Medical Specialty Consultations: Performance Outcome 5	5%
Chronic Condition and Disease Management Programs: Performance Outcome 1	5%
Chronic Condition and Disease Management Programs: Performance Outcome 2	5%
Chronic Condition and Disease Management Programs: Performance Outcome 3	5%
Chronic Condition and Disease Management Programs: Performance Outcome 4	5%
Medical Records: Performance Outcome 1	5%
Medical Records: Performance Outcome 2	5%
Medical Records: Performance Outcome 3	5%
Medical Records: Performance Outcome 4	5%
Practitioners' Prescribing Practices and Pharmacy: Performance Outcome 1	5%
Practitioners' Prescribing Practices and Pharmacy: Performance Outcome 2	10%

EXHIBIT 4: MONETARY SANCTIONS

<p><u>Non-Compliance</u> Contract Performance Audit (Refer to RFP Scope of Work Subsection 2.20.2 for detail) and Other Contract Requirements</p>	<p><u>Cure Notice Monetary Sanctions</u> assessed for each day the Contractor has not complied with the cure notice requirements</p> <p>Formula: Total Inmate Population on the due date of each applicable Arizona State Prison Complex x Capitation Rate x ____% = Monetary Sanction</p>
Practitioners' Prescribing Practices and Pharmacy: Performance Outcome 3	10%
Practitioners' Prescribing Practices and Pharmacy: Performance Outcome 4	5%
Practitioners' Prescribing Practices and Pharmacy: Performance Outcome 5	5%
Reporting (AIMS): Performance Outcome 1:	5%
Grievances: Performance Measured Quarterly 1	5%
No Shows: Performance Outcome 1	5%
Mental Health: Performance Outcome 1	5%
Mental Health: Performance Outcome 2	5%
Mental Health: Performance Outcome 3	5%
Mental Health: Performance Outcome 4	5%
Mental Health: Performance Outcome 5	5%
Mental Health: Performance Outcome 6	5%
Mental Health: Performance Outcome 7	5%
Claims Payment and Provider Appeals: Performance Outcome 1	5%
Claims Payment and Provider Appeals: Performance Outcome 2	5%
Claims Payment and Provider Appeals: Performance Outcome 3	5%
Quality and Peer Review: Performance Outcome 1	5%
Quality and Peer Review: Performance Outcome 2	5%
Quality and Peer Review: Performance Outcome 3	5%
Quality and Peer Review: Performance Outcome 4	5%
Quality and Peer Review: Performance Outcome 5	5%
Other acts of non-compliance with Contract terms and conditions.	5%

EXHIBIT 4: MONETARY SANCTIONS

<p><u>Non-Compliance</u> (Refer to RFP Scope of Work Subsection 2.21.6 for detail)</p>	<p><u>Immediate Monetary Sanction</u></p>
<p>An act of deliberate indifference that disregards a known and excessive risk to an inmate's health or safety or violates an inmate's civil rights.</p>	<p>\$10,000 per occurrence.</p>
<p>A court finding of an act of deliberate indifference against a Department inmate.</p>	<p>Amount of Judgment levied against the State of Arizona.</p>
<p>Failure to provide comprehensive healthcare services coverage twenty four (24) hours a day seven (7) days a week at each Arizona State Prison Complex, excluding a declared state of emergency recognized by the Department.</p>	<p>\$10,000 per occurrence.</p>
<p>Failure to substantially meet an NCCHC standard to the extent that the Contractor's ability to bring its performance back into compliance at a future date does not mitigate the gravity or severity of the non-compliance.</p>	<p>\$1,000 per occurrence, not to exceed \$25,000 per finding of non-compliance.</p>
<p>Substantial failure to provide medically necessary services that the Contractor is required to provide under the terms of the Contract to the extent that the Contractor's ability to bring its performance back into compliance at a future date does not mitigate the gravity or severity of the non-compliance.</p>	<p>\$1,000 per occurrence, not to exceed \$25,000 per finding of non-compliance.</p>
<p>Discrimination among inmates on the basis of health status or need for health care services to the extent that the Contractor's ability to bring its performance back into compliance at a future date does not mitigate the gravity or severity of the non-compliance.</p>	<p>\$1,000 per occurrence, not to exceed \$25,000 per finding of non-compliance.</p>
<p>Non-compliance identified or discovered, during a quarterly audit required under Section 2.20 or any other monitoring activity, whose gravity or severity can not be mitigated by the Contractor's ability to bring its performance back into compliance at a future date.</p>	<p>\$1,000 per occurrence, not to exceed \$25,000 per finding of non-compliance.</p>
<p>Misrepresentation or falsification of information furnished to the Department or NCCHC.</p>	<p>\$1,000 per occurrence, not to exceed \$25,000 per finding of non-compliance.</p>
<p>Failure to comply with any other Contract requirements or NCCHC standards not identified elsewhere in this exhibit.</p>	<p>\$1,000 per occurrence, not to exceed \$25,000 per finding of non-compliance.</p>

Appendix - Formulary Status of Top Brand Drugs

CONTRACTOR NAME _____

Contractor Instructions:
Populate the cells highlighted in yellow in the table below based on your proposed formulary.

Rank	NDC #	Brand	70 RX	Formulary (Y/N)
1		Abilify		
2		Accolate		
3		Aero-Bid		
4		Atripla		
5		Atrovent		
6		Avonex		
7		Baraclude		
8		CombiVent		
9		Copaxone		
10		Effexor XR		
11		Enbrel		
12		Eplivir		
13		Epzicon		
14		Flomax		
15		Geodon		
16		Gleevec		
17		Humira		
18		Intelence		
19		Isentress		
20		Kaletra		
21		Lantus		
22		Lipitor		
23		Lupron Depot		
24		Mepron		
25		Neupogen		
26		Nexavar		
27		Norvir		
28		Pegasys		
29		Prezista		
30		Proscar		
31		Q-Var		
32		Remicade		
33		Renagel		
34		Reyataz		
35		Sensipar		
36		Seroquel		
37		Sustiva		
38		Trizivir		
39		Truvada		
40		Valcyte		
41		Viagra		

EXHIBIT 5
SOLICITATION NO. ADOC12-00001105

ARIZONA DEPARTMENT OF
CORRECTIONS

42		Viramune		
43		Viread		
44		Xifaxan		
45		Zlagen		
46		Zetia		
47		Zyproexa		
48		Zyvox		